



MISSOURI DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION  
LICENSING SECTION  
**CHANGE OF BUSINESS ENTITY PRODUCER STATUS**

P.O. BOX 690 or  
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES  
JEFFERSON CITY, MISSOURI 65102  
TELEPHONE (573) 751-3518  
**THIS FORM MAY BE DUPLICATED**

**INSTRUCTIONS**

PLEASE TYPE OR PRINT IN INK.

This form must be submitted to the Department of Insurance, Financial Institutions and Professional Registration within 20 working days of the effective date of changes. Enclose a \$10 fee if you want a license showing the new name and/or address. Personal checks not accepted.

BUSINESS ENTITY PRODUCER IDENTIFICATION NO.	BUSINESS ENTITY NAME
CURRENT E-MAIL ADDRESS (PLEASE PRINT CLEARLY)	CURRENT FEIN

☐ **CHANGE BUSINESS ENTITY NAME TO** (Proper papers from domiciled Secretary of State's Office must accompany this change)

☐ **INDICATE NEW STRUCTURE (CHECK ONE)** No fee required for this change

<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> OTHER
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED LIABILITY CORPORATION	

Please attach a copy of appropriate form indicating the change has been approved by Secretary of State.

☐ **CHANGE OF ADDRESS**

<b>LEGAL ADDRESS (REQUIRED)</b>				
STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER
<b>MAILING ADDRESS (OPTIONAL)</b>				
STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER

☐ **CHANGE OF OWNERS, OFFICERS, DIRECTORS OR DESIGNATED/RESPONSIBLE LICENSED PRODUCER** No fee required for this change.

If there have been any changes of owners, officers, directors or designated/responsible licensed producer, make changes below. Attach additional listing if necessary.

CHECK ONE		NAME, TITLE, AND RESIDENCE ADDRESS	SOCIAL SECURITY/LICENSE NO.	EFFECTIVE DATE
ADD	DELETE			
				MO. — DAY — YEAR
				— —

☐ **CHANGES OF LICENSED PRODUCERS (Employed or acting on behalf of or through the business entity and to whom the business entity pays any salary or commission.)** No fee required for this change. Attach additional listing if necessary.

CHECK ONE		NAME	SOCIAL SECURITY/LICENSE NO.	EFFECTIVE DATE
ADD	DELETE			
				MO. — DAY — YEAR
				— —

☐ **CHANGE OF BRANCH OFFICES** Give name and Social Security Number of a Missouri licensed producer in each branch office. No fee required for this change.

<b>AUTHORIZED SIGNATURE</b> 	DATE
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